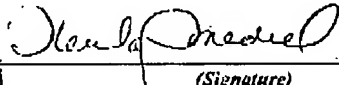
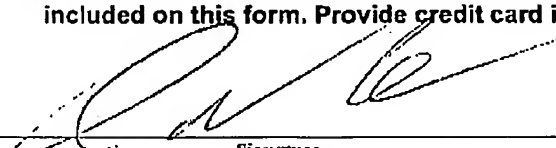


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 030506 (BLL-0135)	
Applicant(s): KEITH O. COWAN ET AL.				
Application No. 10/743,848	Filing Date December 22, 2003	Examiner Pulliam	Group Art Unit 2165	
Invention: METHODS, SYSTEMS AND STORAGE MEDIUM FOR DISTRIBUTING CONTENT BASED ON USER COMMUNITIES			RECEIVED CENTRAL FAX CENTER JUN 25 2007	
<p>I hereby certify that this <u>Amend. Trans. Ltr., Response to Office Action & Fee</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>June 25, 2007</u> (Date)</p> <p style="text-align: right;">Sheila Smedick (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>				

JUN 25 2007

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No.	
Applicant(s): KEITH O. COWAN ET AL					030506 (BLL-0135)	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/743,848	December 22, 2003	Pulliam	36192	2165	9081	
Invention: METHODS, SYSTEMS AND STORAGE MEDIUM FOR DISTRIBUTING CONTENT BASED ON USER COMMUNITIES						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	24 -	21 =	3	x \$50.00	\$150.00	
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$150.00	
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 06-1130 in the amount of \$150.00 <input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature			Dated: June 25, 2007			
David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone 860-286-2929 Facsimile 860-286-0115 Customer No. 36192			<div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date) Signature of Person Mailing Correspondence Typed or Printed Name of Person Mailing Correspondence</div>			
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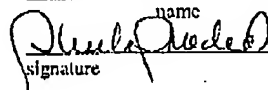
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: KEITH O. COWAN ET AL)
SERIAL NO.: 10/743,848) ART UNIT:
FILED: December 22, 2003) 2165
FOR: METHODS, SYSTEMS AND STORAGE) EXAMINER:
MEDIUM FOR DISTRIBUTING CONTENT) Pulliam
BASED ON USER COMMUNITIES)

I hereby certify that this correspondence is
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& Trademark Office via facsimile to facsimile
Number 571-273-8300 on June 25, 2007

Sheila Snedick

name



signature

6-25-07

date

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Applicants respectfully request consideration of the following amendments and remarks contained herein in response to the Office Action mailed March 23, 2007. Applicants respectfully submit that the amendments and remarks contained herein place the application in condition for allowance.

030506
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